## L19 0000 44075

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S. YOUNG

## **COVER LETTER**

TO:	Registration Sc Division of Cor		,	•		
	#	ROMANO'S I	PET SHOP #1 LLC			
SUBJI	CT:		nited Liability Company			
		Amendment and fee(s) are sub	_			
Please	return all correspo	indence concerning this matter	to the following:			
			JUAN C ROMANO			
			Name of Person			
		RO	MANO'S PET SHOP #1 LLC			
			Firm/Company			
			624 E. VINE ST			
			Address			
			KISSIMMEE, FL 34741			
			City/State and Zip Code			
	Firm/Company  624 E. VINE ST  Address  KISSIMMEE, FL 34741					
For fur	ther information c		•	, , , , , , , , , , , , , , , , , , , ,		
JUAN C ROMANO				340-7841		
	Name o	f Person		Daytime Telephone Number		
Enclose	ed is a check for th	ne following amount:				
☐ \$2.	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	D \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		<u>Street Addr</u> Registratio				
Division of Corporations			Division o	f Corporations		
	P.O. Box 632 Tallahassee, I			e of Tallahassee Ionroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROMANO'S PET SHOP #1 LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) 02/13/2019 The Articles of Organization for this Limited Liability Company were filed on Florida document number L19000044075 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LISSETTE M. PEREZ	2285 FOXWOOD CT	<b>\</b> Add
		ST. CLOUD. FL 34771	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
		<del></del>	Change
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			□Remove
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			□Remove
			Channa

Effective date, if other than the date of filing:  27/17/2020  (optional)  (optional)  (optional)  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207.   Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as of dacument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Dated  JULY 17  2020  JULY 17  2020  JULY 17  JULY 18  Signanule of a filenteer of authorized representative of a member			<del></del>	_
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Filing Fee: \$25.00